

**TRAFFIC ACCIDENT
RECORD CORRECTION REQUEST**

(Traffic Accident Information Only)

NAME	DRIVER LICENSE NUMBER	
ADDRESS	DATE OF BIRTH / /	VEHICLE LICENSE NUMBER
CITY STATE ZIP CODE	WORK OR DAYTIME PHONE NUMBER () -	
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		

IMPORTANT INFORMATION

The Department of Motor Vehicles (DMV) will use this form only to correct information regarding a **traffic accident**, which was reported by the California Highway Patrol or other law enforcement agency.

Do not use this form to correct information regarding a traffic violation/conviction. To correct traffic violations/convictions, use the form DL-207 "Driver License Record Correction Request – (Traffic Violations/Convictions Only)". If a law enforcement officer did not prepare a traffic accident report, or you are uncertain who reported it, call DMV's Financial Responsibility Unit at: (916) 657-6677.

The DMV will not be able to correct any traffic accident information on your driver record without the appropriate documents submitted with this form. An amended or supplemental Traffic Accident Report or letter from the law enforcement agency which prepared the original traffic accident report must be submitted with this form.

This form and any documents that support your request should be sent to the following address:

DEPARTMENT OF MOTOR VEHICLES
Mandatory Actions Unit, M/S J-233
P.O. BOX 942890
SACRAMENTO, CA 94290-0001

Please **allow four to six weeks** from the date of submission for the DMV to review and respond to your request. If you have any questions, please call: (916) 657-6525.

We recommend you keep copies of this completed form and any documents for your personal records.

TRAFFIC ACCIDENT INFORMATION

☐ I was not involved in a traffic accident that occurred in or near: ☐ I was not at fault in the accident that occurred in or near:

City/County _____ on the date of _____.

Penal Code Section 115(a) states every person who knowingly procures or offers any false or forged instrument to be filed, registered, or recorded in any public office within this state, which instrument, if genuine, might be filed or registered, or recorded under any law of this state or the United States, is guilty of a felony.

I certify under penalty of perjury under the laws of the State of California that the above information is true and correct. I also certify that I have read and understood all instructions and warnings on this form including the above provisions of Penal Code Section 115(a).

SIGNATURE 	DATE
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DRIVER RETURN RESPONSE SECTION

- ☐ No supporting documentation attached
☐ Missing signature
☐ Insufficient information to process request
☐ Other _____

DMV USE ONLY SECTION

- ☐ DMV letter written on: _____
☐ Record correction updated on: _____
NOTE: You may go to any DMV field office and pay \$5.00 if you wish to get a copy of your updated driver record.